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Image# 201510159002939828

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

TOTAL DA	or Other Than An	Authorized Comn	littee		Office Use Only
1. NAME OF COMMITTEE (in full)	TYPE OR PRINT ▼	Example: If over the line		12FE4M5	
PUCK PAC					
ADDRESS (number and street)	2652 N Southport Ave.				
Charle if different	Unit E				
Check if different than previously reported. (ACC)	Chicago			IL L	60614
2. FEC IDENTIFICATION NU	MBER ▼	CITY ▲	;	STATE 🛦	ZIP CODE ▲
C C00524256		B. IS THIS REPORT	NEW (N) OR	× AMI	ENDED
4. TYPE OF REPORT (Choose One)	(b) Monthly Report Due On:	Feb 20 (M2)	May 20 (M5)	-	Nov 20 (M11) (Non-Election Year Only)
(a) Quarterly Reports:		Mar 20 (M3)	Jun 20 (M6)	Sep 2	20 (M9) Dec 20 (M12) (Non-Election Year Only)
April 15	, <u> </u>	Apr 20 (M4)	Jul 20 (M7)	Oct 2	0 (M10) Jan 31 (YE)
Quarterly Report (Q1	(c) 12-Day	Primary	12P)	General (12G) Runoff (12R)
Quarterly Report (Q2 October 15	Report for the	ne: Conventi	on (12C)	Special (1	2S)
Quarterly Report (Q3	_	lection on	/ D = D /	Y Y Y Y Y	in the State of
Year-End Report (YE X July 31 Mid-Year Report (Non-election	(d) 30-Day		(200)	D off /0/	
Year Only) (MY) Termination Report	Report for the		(30G)	Runoff (30	OR) Special (30S)
(TER)	E	lection on	/ D D /	Y	in the State of
5. Covering Period 01		115 throug	h 06	/ D D /	2015
I certify that I have examined this	s Report and to the be	st of my knowledge a	nd belief it is tru	ie, correct and	complete.
Type or Print Name of Treasurer	Barbara Quigley				
Signature of Treasurer Barbar	ra Quigley	[Electron	cally Filed]	Date 10	/ 15 / 2015
NOTE: Submission of false, errone	ous, or incomplete inform	nation may subject the	person signing th	nis Report to the	e penalties of 2 U.S.C. §437g.
Office Use Only					FEC FORM 3X Rev. 12/2004

SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS FEC Form 3X (Rev. 02/2003) Page 2 Write or Type Committee Name **PUCK PAC** 2015 06 30 2015 Report Covering the Period: From: To: **COLUMN A COLUMN B** This Period Calendar Year-to-Date (a) Cash on Hand 18002.01 January 1, 2015 (b) Cash on Hand at 18002.01 Beginning of Reporting Period..... 5000.00 5000.00 (c) Total Receipts (from Line 19) (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 23002.01 23002.01 6(a) and 6(c) for Column B)..... 22647.11 22647.11 Total Disbursements (from Line 31)...... 8. Cash on Hand at Close of Reporting Period 354.90 354.90 (subtract Line 7 from Line 6(d))..... Debts and Obligations Owed TO the Committee (Itemize all on 0.00 Schedule C and/or Schedule D) 10. Debts and Obligations Owed BY the Committee (Itemize all on 0.00 Schedule C and/or Schedule D) This committee has qualified as a multicandidate committee. (see FEC FORM 1M) For further information contact: Federal Election Commission 999 E Street, NW Washington, DC 20463 Toll Free 800-424-9530 Local 202-694-1100

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

PUCK PAC

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date	
Contributions (other than loans) From:			
(a) Individuals/Persons Other			
Than Political Committees			
(i) Itemized (use Schedule A)	0.00	0.00	
		0.00	
(ii) Unitemized	0.00	0.00	
(iii) TOTAL (add	0.00	0.00	
Lines 11(a)(i) and (ii)▶	<u>0</u> .00	0.00	
(b) Political Party Committees	0.00	0.00	
(c) Other Political Committees			
(such as PACs)	5000.00	5000.00	
(d) Total Contributions (add Lines			
11(a)(iii), (b), and (c)) (Carry			
Totals to Line 33, page 5)	5000.00	5000.00	
Transfers From Affiliated/Other			
Party Committees	0.00	0.00	
	0.00	0.00	
All Loans Received	0.00	0.00	
Loan Repayments Received	0.00	0.00	
Offsets To Operating Expenditures			
(Refunds, Rebates, etc.)	0.00	0.00	
(Carry Totals to Line 37, page 5) Refunds of Contributions Made	0.00	0.00	
to Federal Candidates and Other			
Political Committees	0.00	0.00	
Other Federal Receipts	3.00		
(Dividends, Interest, etc.)	0.00	0.00	
Transfers from Non-Federal and Levin Funds			
(a) Non-Federal Account			
(from Schedule H3)	0.00	0.00	
(b) Levin Funds (from Schedule H5)	0.00	0.00	
(c) Total Transfers (add 18(a) and 18(b))	0.00	0.00	
Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))▶	5000.00	5000.00	
T. 15 1 18 11			
Total Federal Receipts	5000.00		
(subtract Line 18(c) from Line 19)▶	5000.00	5000.00	

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

	II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Opera	ating Expenditures: Allocated Federal/Non-Federal		Calchaal Ical-to-Date
	Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share	0.00	0.00
,	Other Federal Operating		
	Expenditures	2147.11	2147.11
	Total Operating Expenditures	2147.11	2147.11
	add 21(a)(i), (a)(ii), and (b))▶ fers to Affiliated/Other Party	2147.11	2147.11
Comr	nittees	0.00	0.00
Feder	ibutions to ral Candidates/Committees Other Political Committees	20500.00	20500.00
	endent Expenditures		10000.00
(use	Schedule E)	0.00	0.00
(2 U.S	dinated Party Expenditures S.C. §441a(d)) Schedule F)	0.00	0.00
(use	Schedule F)	0.00	0.00
Loan	Repayments Made	0.00	0.00
Loon	Mode	0.00	0.00
Refur	s Madeds of Contributions To:	0.00	3.00
(a) I	ndividuals/Persons Other Than Political Committees	0.00	0.00
		0.00	0.00
	Political Party Committees Other Political Committees	0.00	0.00
(-)	such as PACs)	0.00	0.00
(d) T	Total Contribution Refunds		
` '	add Lines 28(a), (b), and (c))▶	0.00	0.00
Other	Disbursements	0.00	0.00
Feder	ral Election Activity (2 U.S.C. §431(20))		
٠,	Allocated Federal Election Activity		
	from Schedule H6) i) Federal Share	0.00	0.00
(i) i oderar oriare		
,	ii) "Levin" Share	0.00	0.00
(b) F	Federal Election Activity Paid Entirely	0.00	0.00
(c) T	With Federal Funds Total Federal Election Activity (add	5.00	0.00
٠,,	Lines 30(a)(i), 30(a)(ii) and 30(b))▶	0.00	0.00
Total	Disbursements (add Lines 21(c), 22,		
23, 24	4, 25, 26, 27, 28(d), 29 and 30(c))	22647.11	22647.11
	Federal Disbursements		
	ract Line 21(a)(ii) and Line 30(a)(ii)	20217.11	22047.44
trom	Line 31)	22647.11	22647.11

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
3. Total Contributions (other than loans) (from Line 11(d), page 3)	5000.00	5000.00
4. Total Contribution Refunds (from Line 28(d))	0.00	0.00
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	5000.00	5000.00
6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	2147.11	2147.11
7. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
8. Net Operating Expenditures (subtract Line 37 from Line 36)	2147.11	2147.11

S	CHEDULE A (FEC Form 3X)		Han announce and the Co.	FOR LINE NUMBER: PAGE 6 OF 10			
ITEMIZED RECEIPTS			Use separate schedule(s) for each category of the	(check only one)			
			Detailed Summary Page	11a 11b X 11c 12 13 14 15 16 17			
	ny information copied from such Reports and State for commercial purposes, other than using the			erson for the purpose of soliciting contributions			
	NAME OF COMMITTEE (In Full) PUCK PAC						
<u>/</u>	Full Name (Last, First, Middle Initial)						
Α.	NEW DEMOCRAT COALITION PAC	Date of Receipt					
	Mailing Address 700 13TH STREET, NW	M M / D D / Y Y Y Y Y					
	SUITE 600	State	Zip Code	06 29 2015 Transaction ID : SA11C.4637			
	WASHINGTON	DC	20005	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C co	0409730	5000.00			
	Name of Employer Occupation						
	Receipt For: Primary General	Aggregate Year-to-Date ▼					
	Other (specify) ▼		5000.00				
— В.	Full Name (Last, First, Middle Initial)	Date of Receipt					
٠.	Mailing Address			M = M / D = D / Y = Y = Y			
	City	State	Zip Code	Amount of Fook Passint this Paying			
	FEC ID number of contributing	С		Amount of Each Receipt this Period			
	federal political committee.						
	Name of Employer	Occupation	1				
	Receipt For:	Aggregate	Year-to-Date ▼	-			
	Primary General	33 13					
	Other (specify) ▼						
<u>с</u> .	Full Name (Last, First, Middle Initial)			Date of Receipt			
٥.	Mailing Address			M = M / D = D / Y = Y = Y			
	City	State	Zip Code	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	С					
	Name of Employer Occupation		I				
	Receipt For:	Aggregate	Year-to-Date ▼				
	Primary General Other (specify) ▼						
			7				
	CURTOTAL of Receipts This Dags (antions!)			5000.00			
۱۶	SUBTOTAL of Receipts This Page (optional)		······				

TOTAL This Period (last page this line number only).....

5000.00

SCHEDULE B (FEC Form 3X)	Hee concrete caba-i-	.la/a\	NE NUMBER: PAGE 7 OF 1
ITEMIZED DISBURSEMENTS	Use separate scheduling for each category of Detailed Summary P.	the age	only one) 1b 22 23 24 25 27 7 28a 28b 28c 29 3
Any information copied from such Reports and Staten or for commercial purposes, other than using the name			
NAME OF COMMITTEE (In Full) PUCK PAC	ie and address of any	pontical committee	e to solicit contributions from such committee.
Full Name (Last, First, Middle Initial)			
A. CFO Compliance	Date of Disbursement		
Mailing Address One Park Row	06 25 2015		
,	State Zip Code		Transaction ID : SB21B.4628
Providence Purpose of Disbursement	RI 02903		
Compliance Consulting			Amount of Each Disbursement this Period
Candidate Name		Category Type	742.50
Office Sought: House Disbursen Senate President	nent For: Primary Gene Other (specify)		
State: District:			
Full Name (Last, First, Middle Initial) B. CFO Compliance Mailing Address One Park Row			Date of Disbursement M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City S	State Zip Code RI 02903		Transaction ID : SB21B.4660
Purpose of Disbursement Compliance Consulting	02000	T	Amount of Each Disbursement this Period
Candidate Name		Category	
	nent For: Primary ☐ Gene Other (specify) ▼	ral	
Full Name (Last, First, Middle Initial) C. New Chicago Consulting	Date of Disbursement M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
Mailing Address 1040 west Adams Unit 428			
Chicago	State Zip Code IL 60607		Transaction ID : SB21B.4659
Purpose of Disbursement Fundraising Consulting		Amount of Each Disbursement this Period	
Candidate Name		Category Type	1000.00
	nent For:		
Office Sought: House Senate President State: District:	Primary Gene Other (specify) ▼	eral	
Senate President	Primary Gene Other (specify) ▼		1871.08

SCHEDULE B (FEC Form 3X)		FOR LINE	FOR LINE NUMBER: PAGE 8 OF 10			
TEMIZED DISBURSEMENTS	Use separate schedule for each category of the Detailed Summary Page	e(s) (check only				
Any information copied from such Reports and State or for commercial purposes, other than using the na		r used by any perso	on for the purpose of soliciting contributions			
NAME OF COMMITTEE (In Full) PUCK PAC	, , , , , , , , , , , , , , , , , , ,					
Full Name (Last, First, Middle Initial) A. AMI BERA FOR CONGRESS						
Mailing Address PO BOX 582496	06 23 2015					
City ELK GROVE		Transaction ID : SB23.4626				
Purpose of Disbursement Contribution			Amount of Each Disbursement this Period			
Candidate Name AMERISH BERA	amont Form 2010	Category/ Type	1000.00			
Office Sought: House Disburse	ement For: 2016 Primary General Other (specify)	al				
Full Name (Last, First, Middle Initial) B. DEMOCRATIC CONGRESSIONA Mailing Address 430 SOUTH CAPITOL STREET, 2ND FLOOR		DMMITTEE	Date of Disbursement M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
City WASHINGTON	State Zip Code DC 20003		Transaction ID : SB23.4640			
Purpose of Disbursement Contribution Candidate Name		Category/	Amount of Each Disbursement this Period			
Office Sought: House Senate President State: Disburse	ement For: Primary	Type al	10000.00			
Full Name (Last, First, Middle Initial) DEMOCRATIC CONGRESSIONA	Date of Disbursement					
Mailing Address 430 SOUTH CAPITOL STREET, 2ND FLOOR		06 29 2015				
City	State Zip Code DC 20003		Transaction ID : SB23.4642			
WASHINGTON Purpose of Disbursement						
		Category/	Amount of Each Disbursement this Period 3000.00			
Purpose of Disbursement Contribution Candidate Name	ement For: Primary General Other (specify)	Type				

SCHEDULE B (FEC Form 3X)	Llas sanavata ashad	FOR LINE	NUMBER: PAGE 9 OF 10
ITEMIZED DISBURSEMENTS	Use separate sched for each category of	f the	,
	Detailed Summary F		22 X 23 24 25 26 28a 28b 28c 29 30b
Any information copied from such Reports and State	I ments may not be sold	or used by any person	on for the nurpose of soliciting contributions
or for commercial purposes, other than using the nar			
NAME OF COMMITTEE (In Full)			
PUCK PAC			
/			
Full Name (Last, First, Middle Initial)			Date of Disbursement
A. FRIENDS OF CHERI BUSTOS			M M / D D / Y Y Y Y
Mailing Address P.O. BOX 77			06 23 2015
- 9	State Zip Code		Transaction ID : SB23.4625
EAST MOLINE Purpose of Disbursement	IL 61244		
Contribution			Amount of Each Disbursement this Period
Candidate Name		Category/	
CHERI BUSTOS		Type	1000.00
Office Sought: House Disburse	ment For: 2016		
Senate	Primary Gen	eral	
President	Other (specify) ▼		
State: IL District: 17			
Full Name (Last, First, Middle Initial) B. KATHLEEN RICE FOR CONGRE	99		Date of Disbursement
- NATITELLIN NICE FOR CONGRE	33		M M / D D / Y Y Y Y
Mailing Address 410 JERICHO TURNPIKE SUITE	200		06 23 2015
City	State Zip Code		Transaction ID : SB23.4622
IEDICLIO	NV 44750		
JERICHO Purpose of Disbursement	NY 11753		
JERICHO Purpose of Disbursement Contribution	NY 11753		Amount of Each Disbursement this Period
Purpose of Disbursement Contribution Candidate Name	NY 11753	Category/	
Purpose of Disbursement Contribution Candidate Name KATHLEEN RICE	.,,,,	Category/ Type	Amount of Each Disbursement this Period
Purpose of Disbursement Contribution Candidate Name KATHLEEN RICE Office Sought: House Disburse	ment For: 2016	Type	
Purpose of Disbursement Contribution Candidate Name KATHLEEN RICE Office Sought: House Disburse	ment For: 2016 Primary Gen	Type	
Purpose of Disbursement Contribution Candidate Name KATHLEEN RICE Office Sought: House Senate President President	ment For: 2016	Type	
Purpose of Disbursement Contribution Candidate Name KATHLEEN RICE Office Sought: House Disburse	ment For: 2016 Primary Gen	Type	
Purpose of Disbursement Contribution Candidate Name KATHLEEN RICE Office Sought: House Senate President State: NY District: 04 Full Name (Last, First, Middle Initial)	ment For: 2016 Primary Gen	Type	
Purpose of Disbursement Contribution Candidate Name KATHLEEN RICE Office Sought: House Disburse	ment For: 2016 Primary Gen	Type	1000.00
Purpose of Disbursement Contribution Candidate Name KATHLEEN RICE Office Sought: House Senate President State: NY District: 04 Full Name (Last, First, Middle Initial)	ment For: 2016 Primary Gen	Type	Date of Disbursement
Purpose of Disbursement Contribution Candidate Name KATHLEEN RICE Office Sought: House Senate President State: NY District: 04 Full Name (Last, First, Middle Initial) C. PETERS FOR MICHIGAN Mailing Address PO BOX 226	ment For: 2016 Primary ☐ Gen Other (specify) ▼	eral	Date of Disbursement
Purpose of Disbursement Contribution Candidate Name KATHLEEN RICE Office Sought: House Senate President State: NY District: 04 Full Name (Last, First, Middle Initial) C. PETERS FOR MICHIGAN Mailing Address PO BOX 226 City	ment For: 2016 Primary ☐ Gen Other (specify) ▼	eral	Date of Disbursement
Purpose of Disbursement Contribution Candidate Name KATHLEEN RICE Office Sought: House Senate President State: NY District: 04 Full Name (Last, First, Middle Initial) C. PETERS FOR MICHIGAN Mailing Address PO BOX 226 City BLOOMFIELD HILLS Purpose of Disbursement	ment For: 2016 Primary ☐ Gen Other (specify) ▼	eral	Date of Disbursement M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Purpose of Disbursement Contribution Candidate Name KATHLEEN RICE Office Sought: House Senate President State: NY District: 04 Full Name (Last, First, Middle Initial) C. PETERS FOR MICHIGAN Mailing Address PO BOX 226 City BLOOMFIELD HILLS Purpose of Disbursement Contribution	ment For: 2016 Primary ☐ Gen Other (specify) ▼	eral	Date of Disbursement M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
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Purpose of Disbursement Contribution Candidate Name KATHLEEN RICE Office Sought: House Senate President State: NY District: 04 Full Name (Last, First, Middle Initial) C. PETERS FOR MICHIGAN Mailing Address PO BOX 226 City BLOOMFIELD HILLS Purpose of Disbursement Contribution Candidate Name GARY PETERS	ment For: 2016 Primary	eral	Date of Disbursement M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Purpose of Disbursement Contribution Candidate Name KATHLEEN RICE Office Sought: Senate President State: NY District: 04 Full Name (Last, First, Middle Initial) C. PETERS FOR MICHIGAN Mailing Address PO BOX 226 City BLOOMFIELD HILLS Purpose of Disbursement Contribution Candidate Name GARY PETERS Office Sought: House Disburse	ment For: 2016 Primary ☐ Gen Other (specify) ▼ State Zip Code MI 48303	Category/ Type	Date of Disbursement M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Purpose of Disbursement Contribution Candidate Name KATHLEEN RICE Office Sought: House Senate President State: NY District: 04 Full Name (Last, First, Middle Initial) C. PETERS FOR MICHIGAN Mailing Address PO BOX 226 City BLOOMFIELD HILLS Purpose of Disbursement Contribution Candidate Name GARY PETERS	ment For: 2016 Primary Gen Other (specify) State Zip Code MI 48303 ment For: 2016 Primary Gen	Category/ Type	Date of Disbursement M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Purpose of Disbursement Contribution Candidate Name KATHLEEN RICE Office Sought: Senate President State: NY Full Name (Last, First, Middle Initial) C. PETERS FOR MICHIGAN Mailing Address PO BOX 226 City BLOOMFIELD HILLS Purpose of Disbursement Contribution Candidate Name GARY PETERS Office Sought: House Senate	ment For: 2016 Primary ☐ Gen Other (specify) ▼ State Zip Code MI 48303	Category/ Type	Date of Disbursement M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Purpose of Disbursement Contribution Candidate Name KATHLEEN RICE Office Sought: Senate President State: NY District: 04 Full Name (Last, First, Middle Initial) C. PETERS FOR MICHIGAN Mailing Address PO BOX 226 City BLOOMFIELD HILLS Purpose of Disbursement Contribution Candidate Name GARY PETERS Office Sought: House President Senate President	ment For: 2016 Primary Gen Other (specify) State Zip Code MI 48303 ment For: 2016 Primary Gen	Category/ Type	Date of Disbursement M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Purpose of Disbursement Contribution Candidate Name KATHLEEN RICE Office Sought: Senate President State: NY District: 04 Full Name (Last, First, Middle Initial) C. PETERS FOR MICHIGAN Mailing Address PO BOX 226 City BLOOMFIELD HILLS Purpose of Disbursement Contribution Candidate Name GARY PETERS Office Sought: House President Senate President	ment For: 2016 Primary Gen Other (specify) State Zip Code MI 48303 ment For: 2016 Primary Gen Other (specify) Other (specify)	Category/ Type	Date of Disbursement M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Purpose of Disbursement Contribution Candidate Name KATHLEEN RICE Office Sought: Senate President State: NY District: 04 Full Name (Last, First, Middle Initial) C. PETERS FOR MICHIGAN Mailing Address PO BOX 226 City BLOOMFIELD HILLS Purpose of Disbursement Contribution Candidate Name GARY PETERS Office Sought: House Senate President State: MI District: 00	ment For: 2016 Primary Gen Other (specify) State Zip Code MI 48303 ment For: 2016 Primary Gen Other (specify) Other (specify)	Category/ Type eral	Date of Disbursement M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y

SCHEDULE B (FEC Form 3X)		FOR LINE	FOR LINE NUMBER: PAGE 10 OF 10			
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only	one)			
	Detailed Summary Page	21b		24 25 26 28c 29 30		
And information control from the Decision Control						
Any information copied from such Reports and Staten or for commercial purposes, other than using the nam						
NAME OF COMMITTEE (In Full)	The state of the politic					
PUCK PAC						
FUCK FAC						
Full Name (Last, First, Middle Initial)						
A. SCHNEIDER FOR CONGRESS	Date of Disbursement					
Mallian Address DO DOV 1919	M M / D D /	Y Y Y Y Y Y				
Mailing Address PO BOX 1318			06 23	2015		
City	City State Zip Code					
DEERFIELD	Transaction ID : SB23.4		23.4633			
Purpose of Disbursement						
Contribution			Amount of Each Disbu	ursement this Period		
Candidate Name		Category/		1000.00		
BRADLEY SCOTT SCHNEIDER		Туре		100000		
	nent For: 2016 Primary General					
	Other (specify)					
State: IL District: 10	cure: (epoony) V					
Full Name (Last, First, Middle Initial)						
3. TAMMY FOR ILLINOIS			Date of Disbursement			
			M M / D D	/ Y Y Y Y Y		
Mailing Address PO BOX 59348			06 29	2015		
City	2:- C-d-					
City S SCHAUMBURG	State Zip Code IL 60159		Transaction ID : SB	23.4639		
Purpose of Disbursement						
Contribution	Contribution			ursement this Period		
Candidate Name		Category/		2500.00		
L TAMMY DUCKWORTH		Type		2500.00		
	nent For: 2016					
	Primary General					
	Other (specify) ▼					
State: IL District: 00 Full Name (Last, First, Middle Initial)						
C.			Date of Disbursement			
_			M M / D D /	/ Y Y Y Y Y		
Mailing Address						
City	State Zip Code					
Purpose of Disbursement	Purnose of Dishursement					
		Amount of Each Disbursement th				
Candidate Name	Category/					
		Type				
Office Sought: House Disbursen	nent For:		,	,		
	Primary General					
	Other (specify) ▼					
State: District:						
				3500.00		
SUBTOTAL of Disbursements This Page (optional)		·····•		3300.00		
TOTAL This Period (last page this line number and)				20500.00		
TOTAL This Period (last page this line number only)						